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IBM Technical Disclosure Bulletins

Term: l2 same l3

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Search History

DATE: Wednesday, January 15, 2003 Printable Copy Create Case

Set Name side by side	Query	Hit Count	Set Name result set
DB=USPT,PGPB,JPAB,EPAB,DWPI,TDBD; PLUR=YES; OP=ADJ			
L5	l2 same l3	81	L5
L4	l3 and l2	913	L4
L3	administ$6 or oral$5 or topical? or inject$5 or rectal$5	1196003	L3
L2	STI	6266	L2
DB=USPT; PLUR=YES; OP=ADJ			
L1	6323219.pn.	1	L1

END OF SEARCH HISTORY

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=> d his

     (FILE 'HOME' ENTERED AT 12:24:20 ON 15 JAN 2003)

     FILE 'CA, MEDLINE' ENTERED AT 12:24:40 ON 15 JAN 2003

     FILE 'CA, BIOSIS, MEDLINE' ENTERED AT 12:24:49 ON 15 JAN 2003
L1            39 S SOY TRYPSIN INHIBITOR?
L2          3541 S STI
L3          3576 S L1 OR L2
L4        769113 S SKIN?
L5             0 S SKIN? SAME STI
L6            38 S SKIN? AND STI
L7            34 DUP REM L6 (4 DUPLICATES REMOVED)

=>
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 NEWS  1          Web Page URLs for STN Seminar Schedule - N. America
 NEWS  2  Apr 08  "Ask CAS" for self-help around the clock
 NEWS  3  Apr 09  BEILSTEIN: Reload and Implementation of a New Subject Area
 NEWS  4  Apr 09  ZDB will be removed from STN
 NEWS  5  Apr 19  US Patent Applications available in IFICDB, IFIPAT, and IFIUDB
 NEWS  6  Apr 22  Records from IP.com available in CAPLUS, HCAPLUS, and ZCAPLUS
 NEWS  7  Apr 22  BIOSIS Gene Names now available in TOXCENTER
 NEWS  8  Apr 22  Federal Research in Progress (FEDRIP) now available
 NEWS  9  Jun 03  New e-mail delivery for search results now available
 NEWS 10  Jun 10  MEDLINE Reload
 NEWS 11  Jun 10  PCTFULL has been reloaded
 NEWS 12  Jul 02  FOREGE no longer contains STANDARDS file segment
 NEWS 13  Jul 22  USAN to be reloaded July 28, 2002;
                  saved answer sets no longer valid
 NEWS 14  Jul 29  Enhanced polymer searching in REGISTRY
 NEWS 15  Jul 30  NETFIRST to be removed from STN
 NEWS 16  Aug 08  CANCERLIT reload
 NEWS 17  Aug 08  PHARMAMarketLetter(PHARMAML) - new on STN
 NEWS 18  Aug 08  NTIS has been reloaded and enhanced
 NEWS 19  Aug 19  Aquatic Toxicity Information Retrieval (AQUIRE)
                  now available on STN
 NEWS 20  Aug 19  IFIPAT, IFICDB, and IFIUDB have been reloaded
 NEWS 21  Aug 19  The MEDLINE file segment of TOXCENTER has been reloaded
 NEWS 22  Aug 26  Sequence searching in REGISTRY enhanced
 NEWS 23  Sep 03  JAPIO has been reloaded and enhanced
 NEWS 24  Sep 16  Experimental properties added to the REGISTRY file
 NEWS 25  Sep 16  CA Section Thesaurus available in CAPLUS and CA
 NEWS 26  Oct 01  CASREACT Enriched with Reactions from 1907 to 1985
 NEWS 27  Oct 21  EVENTLINE has been reloaded
 NEWS 28  Oct 24  BEILSTEIN adds new search fields
 NEWS 29  Oct 24  Nutraceuticals International (NUTRACEUT) now available on STN
 NEWS 30  Oct 25  MEDLINE SDI run of October 8, 2002
 NEWS 31  Nov 18  DKILIT has been renamed APOLLIT
 NEWS 32  Nov 25  More calculated properties added to REGISTRY
 NEWS 33  Dec 02  TIBKAT will be removed from STN
 NEWS 34  Dec 04  CSA files on STN
 NEWS 35  Dec 17  PCTFULL now covers WP/PCT Applications from 1978 to date
 NEWS 36  Dec 17  TOXCENTER enhanced with additional content
 NEWS 37  Dec 17  Adis Clinical Trials Insight now available on STN
 NEWS 38  Dec 30  ISMEC no longer available
 NEWS 39  Jan 13  Indexing added to some pre-1967 records in CA/CAPLUS

 NEWS EXPRESS  January 6 CURRENT WINDOWS VERSION IS V6.01a,
               CURRENT MACINTOSH VERSION IS V6.0b(ENG) AND V6.0Jb(JP),
               AND CURRENT DISCOVER FILE IS DATED 01 OCTOBER 2002
 NEWS HOURS    STN Operating Hours Plus Help Desk Availability
 NEWS INTER    General Internet Information
 NEWS LOGIN    Welcome Banner and News Items
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 NEWS WWW      CAS World Wide Web Site (general information)

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FILE 'HOME' ENTERED AT 12:24:20 ON 15 JAN 2003

=> file ca, biosis. medline
'BIOSIS.' IS NOT A VALID FILE NAME
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ENTER A FILE NAME OR (IGNORE):.
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                       ENTRY    SESSION
FULL ESTIMATED COST                                     0.21       0.21

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FILE 'MEDLINE' ENTERED AT 12:24:40 ON 15 JAN 2003

=> file ca, biosis, medline
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                       ENTRY    SESSION
FULL ESTIMATED COST                                     0.78       0.99

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FILE 'BIOSIS' ENTERED AT 12:24:49 ON 15 JAN 2003
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FILE 'MEDLINE' ENTERED AT 12:24:49 ON 15 JAN 2003

=> s soy trypsin inhibitor?
L1          39 SOY TRYPSIN INHIBITOR?

=> s STI
L2        3541 STI

=> s l1 or l2
L3        3576 L1 OR L2

=> s skin?
L4      769113 SKIN?
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=> s l3 same l4
MISSING OPERATOR L3 SAME
The search profile that was entered contains terms or
nested terms that are not separated by a logical operator.

=> s l3 same l4
MISSING OPERATOR L3 SAME
The search profile that was entered contains terms or
nested terms that are not separated by a logical operator.

=> s l4 same STI
MISSING OPERATOR L4 SAME
The search profile that was entered contains terms or
nested terms that are not separated by a logical operator.

=> s skin? same STI
L5            0 SKIN? SAME STI

=> s skin? and STI
L6           38 SKIN? AND STI

=> dup rem
ENTER L# LIST OR (END):l6
PROCESSING COMPLETED FOR L6
L7            34 DUP REM L6 (4 DUPLICATES REMOVED)

=> d 1-34 ab,bib

L7   ANSWER 1 OF 34  CA  COPYRIGHT 2003 ACS
AB   A microwave PIN diode having an increased intrinsic region vol. for
     storing a charge.  A semiconductor substrate has an N+
     subcollector/cathode layer which encloses a region of the substrate.  The
     invention relates to a microwave PIN diode, wherein the N-skin
     is formed over the interior of enclosed region.  An Si layer is formed
     over the subcollector/cathode and N-skin to a thickness which
     defines the thickness for the intrinsic region of the diode.  Implants are
     formed in the Si layer to permit contact with the subcollector/cathode
     layer.  An anode is formed on the top of the Si layer.  The total vol. of
     the intrinsic region is increased by the N-skin which is
     positioned below the surface of the subcollector/cathode.  The PIN diode
     may be formed as a lateral PIN diode thereby increasing the intrinsic
     region vol. even further.
AN   137:133324  CA
TI   Semiconductor PIN diode for high frequency applications
IN   Greenberg, David R.; Schonenberg, Kathryn T.; Subbanna, Seshadri; Walter,
     Keith M.
PA   International Business Machines Corporation, USA
SO   U.S., 10 pp.
     CODEN: USXXAM
DT   Patent
LA   English
FAN.CNT 1
     PATENT NO.        KIND  DATE           APPLICATION NO.  DATE
     ---------------   ----  --------       ---------------  --------
PI   US 6429500         B1   20020806       US 2000-670587   20000929
PRAI US 2000-670587           20000929
RE.CNT  15    THERE ARE 15 CITED REFERENCES AVAILABLE FOR THIS RECORD
              ALL CITATIONS AVAILABLE IN THE RE FORMAT

L7   ANSWER 2 OF 34  CA  COPYRIGHT 2003 ACS            DUPLICATE 1
AB   Dermatofibrosarcoma protuberans (DFSP) is a rare superficial sarcoma
     usually affecting the trunk, with significant risk of local recurrence.
     It is characterized by the presence of ring chromosomes or chromosomal
     translocations fusing the promoter of the collagen gene COLIAI to the
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platelet-derived growth factor .beta.-chain gene PDGFB, increasing the prodn. of PDGF locally and promoting autocrine or paracrine tumor growth. Fewer than 5% of patients with DFSP develop metastatic sarcoma, with a poor subsequent prognosis. Imatinib (**STI**-571) was developed as an inhibitor of the PDGF receptor tyrosine kinase and has proven clin. activity against chronic myelogenous leukemia (expressing bcr-abl) and gastrointestinal stromal tumors (expressing c-kit). We describe 2 patients with metastatic and unresectable metastases from DFSP treated with imatinib. After confirmation of neg. CD117 status of 2 sarcomas arising from DFSP, patients were given imatinib 400 mg po qd and assessed at regular intervals for their tolerance and response to therapy. One patient had a transient response, then progressed rapidly and died of disease. Another patient showed a partial response to therapy after 2 mo, with resoln. of superior vena cava syndrome and shrinking of metastatic lung lesions. His response is ongoing after 6 mo of therapy. These clin. data confirm findings from models of DFSP and support the use of imatinib in the rare setting of metastatic DFSP. Imatinib may be useful for patients with locally advanced DFSP, when other options for local therapy are limited.

AN 137:179525 CA

TI Differential sensitivity to imatinib of 2 patients with metastatic sarcoma arising from dermatofibrosarcoma protuberans

AU Maki, Robert G.; Awan, Rashid A.; Dixon, Richard H.; Jhanwar, Suresh; Antonescu, Cristina R.

CS Department of Medicine, Memorial Sloan-Kettering Cancer Center, New York, NY, 10021-6007, USA

SO International Journal of Cancer (2002), 100(6), 623-626
CODEN: IJCNAW; ISSN: 0020-7136

PB Wiley-Liss, Inc.

DT Journal

LA English

RE.CNT 11 THERE ARE 11 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L7 ANSWER 3 OF 34 CA COPYRIGHT 2003 ACS

AB A review. We aimed to det. the effectiveness of the vaginally administered spermicide nonoxynol-9 (N-9) among women for the prevention of HIV and other sexually transmitted infections (STIs). We did a systematic review of randomized controlled trials. Nine such trials including 5096 women, predominantly sex workers, comparing N-9 with placebo or no treatment, were included. Primary outcomes were new HIV infection, new episodes of various STIs, and genital lesions. Five trials included HIV and nine included **STI** outcomes, and all but one (2% of the data) contributed to the meta-anal. Overall, relative risks of HIV infection (1.12, 95% confidence interval 0.88-1.42), gonorrhea (0.91, 0.67-1.24), chlamydia (0.88, 0.77-1.01), cervical infection (1.01, 0.84-1.22), trichomoniasis (0.84, 0.69-1.02), bacterial vaginosis (0.88, 0.74-1.04) and candidiasis (0.97, 0.84-1.12) were not significantly different in the N-9 and placebo or no treatment groups. Genital lesions were more common in the N-9 group (1.18, 1.02-1.36). Our review has found no statistically significant redn. in risk of HIV and STIs, and the confidence intervals indicate that any protection that may exist is likely to be very small. There is some evidence of harm through genital lesions. N-9 cannot be recommended for HIV and **STI** prevention.

AN 137:345452 CA

TI Nonoxynol-9 spermicide for prevention of vaginally acquired HIV and other sexually transmitted infections: systematic review and meta-analysis of randomized controlled trials including more than 5000 women

AU Wilkinson, David; Tholandi, Maya; Ramjee, Gita; Rutherford, George W.

CS Division of Health Sciences, University of South Australia, Adelaide, Australia

SO Lancet Infectious Diseases (2002), 2(10), 613-617
CODEN: LIDABP; ISSN: 1473-3099

PB Lancet Publishing Group

DT Journal; General Review
LA English
RE.CNT 26 THERE ARE 26 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L7 ANSWER 4 OF 34 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 2002:375661 BIOSIS
DN PREV200200375661
TI A spectrum of **skin** reactions to the tyrosine kinase inhibitor imatinib mesylate (**STI** 571.
AU Drummond, A. (1); Micallef-Eynaud, P.; Douglas, W. S. (1); Murphy, J. A.; Holyoake, T. L.; Drummond, M. W.
CS (1) Dermatology Department, Monklands Hospital, Monklands, Lanarkshire UK
SO British Journal of Haematology, (May, 2002) Vol. 117, No. Supplement 1, pp. 17. http://www.blackwell-science.com/ cgilib/jnlpage.asp?Journal=bjh&File=bjh. print.
Meeting Info.: British Society for Haematology 42nd Annual Scientific Meeting Brighton, UK April 15-18, 2002
ISSN: 0007-1048.
DT Conference
LA English

L7 ANSWER 5 OF 34 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 2002:375659 BIOSIS
DN PREV200200375659
TI Dose limiting dermatological toxicity secondary to imatinib mesylate (**STI**-571) in chronic myeloid leukaemia (CML.
AU Milojkovic, D. (1); Short, K.; du Vivier, A.; Mufti, G. J. (1)
CS (1) Department of Haematological Medicine, GKT School of Medicine, London UK
SO British Journal of Haematology, (May, 2002) Vol. 117, No. Supplement 1, pp. 16-17. http://www.blackwell-science.com/ cgilib/jnlpage.asp?Journal=bjh&File=bjh. print.
Meeting Info.: British Society for Haematology 42nd Annual Scientific Meeting Brighton, UK April 15-18, 2002
ISSN: 0007-1048.
DT Conference
LA English

L7 ANSWER 6 OF 34 CA COPYRIGHT 2003 ACS
AB Insulin sensitivity increasing substances (ISIS), including but not limited to D-chiro-inositol, thiazolidinedione and derivs., and biguanides, are useful in the treatment of hair loss and other disorders of the pilosebaceous app. (hirsutism, acne, etc.) assocd. with conditions of excess insulin and/or insulin resistance. The treatment comprises administering to a mammal, such as a human, at least one ISIS either alone or in combination with at least one agent, such as an androgen receptor blocker (ARB) and/or a steroid enzyme inhibitor or inducer (**STI**). Addnl., an activity enhancing agent may be included for topical administration. For example, the onset of age-dependent hair loss in female ob/ob (obese) mice was delayed by oral metformin-HCl treatment using a dose of 240 mg/kg. Clear differences were seen between the incidence of hair loss in control vs. metformin HCl-treated animals in animals that were older than 300 days. The incidence of hair loss in metformin HCl-treated animals at 370 days of age was 30% compared to 60% incidence of hair loss in non-treated animals. In animals that were 300 days of age, about 20% of the metformin HCl-treated animals exhibited hair loss in contrast to the control animals, which showed about a 40% incidence of hair loss. Addnl., it was noted in the study that obese mice were prone to a spontaneous **skin** condition which may resemble human acanthosis nigricans or migratory ichthyosis. Although this condition was not fully characterized, the metformin HCl-treated animal group exhibited markedly less incidence of this **skin** condition relative to the control animals, the majority of which were affected by

the **skin** condition. In addn., transient changes in hair loss patterns were occasionally noted in some of the animals during the course of the study. For example, an animal which presented with very moderate hair loss (i.e., only possible thinning of hair coat) for a period of 2-3 wk might later exhibit no hair loss and sustain that grade for an extended period of time.

AN 135:200473 CA

TI Methods and compositions based on insulin-sensitivity increasing substances for the treatment of alopecia and other disorders of the pilosebaceous apparatus

IN Krajcik, Rozlyn A.; Orentreich, Norman

PA Orentreich Foundation for the Advancement of Science, Inc., USA

SO PCT Int. Appl., 22 pp.
CODEN: PIXXD2

DT Patent

LA English

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2001062237	A2	20010830	WO 2001-US5653	20010223
	WO 2001062237	A3	20020613		
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
	RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
	EP 1267850	A2	20030102	EP 2001-914437	20010223
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR				
	US 2002143039	A1	20021003	US 2002-73607	20020211
PRAI	US 2000-184398P	P	20000223		
	WO 2001-US5653	W	20010223		

L7 ANSWER 7 OF 34 CA COPYRIGHT 2003 ACS

AB Dermatofibrosarcoma protuberans (DFSP) and giant cell fibroblastoma (GCF) are recurrent, infiltrative **skin** tumors that presently are treated with surgery. DFSP and GCF tumors are genetically characterized by chromosomal rearrangements fusing the collagen type 1.alpha.1 (COL1A1) gene to the platelet-derived growth factor B-chain (PDGFB) gene. It has been shown that the resulting COL1A1/PDGF-B fusion protein is processed to mature PDGF-BB. Autocrine PDGF receptor stimulation has therefore been predicted to contribute to DFSP and GCF tumor development and growth. Here we demonstrate presence of activated PDGF receptors in primary cultures derived from six different DFSP and GCF tumors. Three of the primary cultures were further characterized; their in vitro growth displayed an increased sensitivity to treatment with the PDGF receptor tyrosine kinase inhibitor STI571, as compared with normal fibroblasts. Transplantable tumors, displaying a DFSP-like histol., were established from one of the DFSP primary cultures. Treatment of tumor-bearing severe combined immunodeficient mice with STI571 reduced tumor growth. The growth-inhibitory effects in vitro and in vivo occurred predominantly through induction of tumor cell apoptosis. Our study demonstrates growth-inhibitory effects of PDGF receptor antagonists on human DFSP- and GCF-derived tumor cells and demonstrates that autocrine PDGF receptor stimulation provides antiapoptotic signals contributing to the growth of these cells. These findings suggest targeting of PDGF receptors as a novel treatment strategy for DFSP and GCF.

AN 135:338838 CA

TI Growth inhibition of dermatofibrosarcoma protuberans tumors by the platelet-derived growth factor receptor antagonist STI571 through

induction of apoptosis
AU Sjoblom, Tobias; Shimizu, Akira; O'Brien, Kevin P.; Pietras, Kristian; Dal Cin, Paola; Buchdunger, Elisabeth; Dumanski, Jan P.; Ostman, Arne; Heldin, Carl-Henrik
CS Ludwig Institute for Cancer Research, Uppsala, S-751 24, Swed.
SO Cancer Research (2001), 61(15), 5778-5783
CODEN: CNREA8; ISSN: 0008-5472
PB American Association for Cancer Research
DT Journal
LA English
RE.CNT 25 THERE ARE 25 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L7 ANSWER 8 OF 34 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AB Ras activation is one of the most important downstream events for Bcr-Abl, making it an attractive target for therapy. FTIs inhibit a post-translational modification necessary for Ras function. R115777 is an FTI with activity in acute myeloid leukemia and blast phase of CML (Blood 2001; 97:3361). We investigated the activity of R115777 in patients (pts) with CML, as well as pts with multiple myeloma (MM) and myelofibrosis (MF). Pts received R115777 at 600 mg PO BID for 28 days every 6 weeks. Doses were adjusted for myelosuppression and/or non-hematologic toxicity. Thirty-six pts were treated including 21 with CML (chronic phase-CP-n=10, accelerated phase-AP-n=5, blast phase-BP-n=6), 10 with MM, and 5 with MF. Eligibility criteria for CML included having failed to respond or lost response to Interferon alpha (IFN-A) if in CP; pts in accelerated phase or blast phase should have failed at least one prior treatment. For pts with CML, the median age was 54 years (yrs) (range, 26-79 yrs). The median time from diagnosis was 20 months (range, 5 to 82), and the median number of prior therapies was 3 (range, 2 to 5). Sixteen pts (76%) had received prior IFN-A, 15 (71%) had received **STI**-571, 5 (24%) other investigational therapies and 1(5%) a bone marrow transplant. Three of 13 pts for whom Ras mutation results are available had mutations of N-ras (n=1) or K-ras (n=2). Six pts in CP had a complete (n=5) or partial (n=1) hematologic response. Three of these pts achieved a minor cytogenetic response. One pt with AP (clonal evolution) had a complete hematologic response and minor cytogenetic response. None of the 6 pts in BP responded. Ten of 21 pts with CML (48%) required dose reductions mostly for hematologic toxicity. Hematologic toxicities included grade gtoreq3 thrombocytopenia (n=10) or neutropenia (n=7), which were more frequent in AP and BP. Non-hematologic grade gtoreq3 toxicities included **skin** rash (n=4), liver toxicity (n=2), peripheral neuropathy (n=2) and fatigue (n=1). Six pts (29%) continue on study with a median treatment duration of 15 wks (range, 7 to 17). Five pts with myelofibrosis were treated after a median time from diagnosis of 18 months (range, 11 to 32). They had received a median of 3 prior therapies (range, 1-5). All 5 pts had a reduction in spleen size (gtoreq50% in 2 of them), from a median of 13 cm below costal margin (BCM) (range 3 to 18) to a median of 9 cm BCM (range, 0 to 11). One patient had hepatomegaly and had a modest reduction (15 to 12 cm BCM). One pt was taken off study after 2 months because of **skin** toxicity. One pt transformed to AML 6 weeks after the start of therapy. None of the 10 pts with multiple myeloma responded. We conclude that R115777 has activity in CML, in particular in chronic phase, and possibly in myelofibrosis. The starting dose has been adjusted to 300 mg PO BID for 21 days every 4 weeks to decrease toxicity. Further studies with this agent and investigation of combinations are ongoing.
AN 2002:250074 BIOSIS
DN PREV200200250074
TI R115777, a farnesyl transferase inhibitor (FTI), has significant anti-leukemia activity in patients with chronic myeloid leukemia (CML.
AU Thomas, Deborah (1); Cortes, Jorge (1); O'Brien, Susan M. (1); Manero, Guillermo Garcia (1); Kurzrock, Razelle (1); Giles, Francis J. (1); Faderl, Stefan (1); Thibault, Alain; Rybak, Mary E. (1); Kantarjian, Hagop M. (1)

CS (1) Leukemia and Bioimmunotherapy, MD Anderson Cancer Center, Houston, TX USA
SO Blood, (November 16, 2001) Vol. 98, No. 11 Part 1, pp. 727a. http://www.bloodjournal.org/. print.
Meeting Info.: 43rd Annual Meeting of the American Society of Hematology, Part 1 Orlando, Florida, USA December 07-11, 2001
ISSN: 0006-4971.
DT Conference
LA English

L7 ANSWER 9 OF 34 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 2001:483624 BIOSIS
DN PREV200100483624
TI An alternative approach to depigmentation by soybean extracts via inhibition of the PAR-2 pathway.
AU Paine, C.; Sharlow, E.; Liebel, F.; Eisinger, M.; Shapiro, S.; Seiberg, M.
SO Journal of Investigative Dermatology, (August, 2001) Vol. 117, No. 2, pp. 511. print.
Meeting Info.: 62nd Annual Meeting of the Society for Investigative Dermatology Washington, DC, USA May 09-12, 2001
ISSN: 0022-202X.
DT Conference
LA English
SL English

L7 ANSWER 10 OF 34 MEDLINE
AB We have recently shown that soybean-derived serine protease inhibitors and soybean extracts alter **skin** pigmentation, suggesting that soymilk could be used as a natural alternative to **skin** lightening. The present studies were initiated to examine the possible effect of **STI**, BBI and soymilk on hair pigmentation. Interestingly, these agents were found to affect not only hair pigmentation, but also the rate of hair growth, the dimensions of the hair follicle and hair shaft, and the appearance of the hair. The studies presented here provide first evidence, at the morphological and histological level, that soymilk and the soybean-derived serine protease inhibitors could be used as effective agents for hair care and management. These agents could reduce the rate of hair growth, decrease hair shaft dimensions and alter the pattern of melanogenic gene expression.
AN 2001689988 MEDLINE
DN 21601048 PubMed ID: 11737259
TI Soymilk reduces hair growth and hair follicle dimensions.
AU Seiberg M; Liu J C; Babiarz L; Sharlow E; Shapiro S
CS Johnson & Johnson - Consumer Products Worldwide, Skin Research Center, 199 Grandview Rd, Skillman, NJ 08558, USA.. MSEIBER@CPCUS.JNJ.COM
SO EXPERIMENTAL DERMATOLOGY, (2001 Dec) 10 (6) 405-13.
Journal code: 9301549. ISSN: 0906-6705.
CY Denmark
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200201
ED Entered STN: 20011213
Last Updated on STN: 20020201
Entered Medline: 20020131

L7 ANSWER 11 OF 34 MEDLINE
AB The NSP is an inflammatory chronic disease of the mucous of nose and sinuses. None etiological treatment is known up to now. The aim of this study is to consider a model of autoallergy as etiology for NSP proven by specific immunotherapy (**STI**) to Candida albicans (CA). METHODS: Four NSP treated by SIT to Candida albicans are reported. The patients are treated either by subcutaneous injections or sublingual drops. The frequency is one injection per week or a few drops per day (absorbed

extract on calcium phosphate or aqueous Stallergenes). RESULTS: The cumulated doses varies from 465 Index of Concentration (IC) to 117500 IC on a period of 3 to 4 years. The results are evaluated according the rhino-sinusal semeiology, the intensity of symptoms, and the stage of polyposis. The SIT is also active on both a late and an immediate components for the symptoms, and the cutaneous tests. The results are significant 60% to 80% of improvement. The viral or bacterial infections reactivate both types of hypersensitivity and they are prevented by SIT. The nasal hyperactivity observed as a more advanced non specific stage of the PNS is also improved by ITS. In two of the clinical cases, the pollenogenic seasonal obstruction is added to the nasal perennial obstruction in a sharp manner. The pollenogenic allergy is also improved after SIT to CA without any other associated SIT. CONCLUSION: The model of autoallergy already proven as etiology for atopic dermatitis can serve as a base of exploration of PNS. That is showing the presence of IgE antibody corresponding to intracellular proteinic autoallergens having an analogy to environment allergens. The allergy to Candida albicans can thus be considered as an etiology of the PNS.

AN 2002075463 MEDLINE
DN 21661142 PubMed ID: 11802479
TI [Treatment of sino-nasal polyposis by Candida albicans immunotherapy: apropos of 4 cases].
Traitement d'une polypose nasosinusienne (PNS) par immunotherapie au Candida albicans: a propos de 4 cas.
AU Benoliel P
SO ALLERGIE ET IMMUNOLOGIE, (2001 Dec) 33 (10) 388-94. Ref: 12
Journal code: 0245775. ISSN: 0397-9148.
CY France
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA French
FS Priority Journals
EM 200202
ED Entered STN: 20020125
Last Updated on STN: 20020226
Entered Medline: 20020225

L7 ANSWER 12 OF 34 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AB Relapsed leukemia after allogeneic BMT can be treated with infusions of the donors peripheral leukocytes to achieve a graft-versus-leukemia (GVL) effect. Dealing with pediatric donors, however, we face ethical problems as central venous catheter insertions, morbidity of anticoagulant infusions, need of sedation for the procedures and frequent child refusal to cooperate, despite the parents agreement to perform the apheresis for leukocyte collections. Objectives: To investigate if interleukin-2 (IL-2) and alpha-interferon (IFN) can augment the GVL effect of donor leukocyte infusions (DLI) in children with relapsed leukemia after allogeneic BMT avoiding consecutive apheresis procedures in pediatric donors. Methods: The patients received infusions of donor leukocytes (1 to 5X10(8) lymphocytes/kg) followed by IL-2 6mU/m2 SQ QD for three days after each leukocyte infusion and IFN 5mU/m2 SQ daily, until the patient achieved remission or developed GVHD. Results: We treated four patients, 4 to 16 years of age, with high risk diseases which were unlike to respond to DLI alone: ALL (2) relapsed in the marrow two and nine months after allogeneic BMT; AML in refractory marrow and **skin** relapse despite BMT; and CML-lymphoid blast crisis. The patients received 1 to 5 leukocyte infusions, followed by IL-2 and IFN. All patients had fevers and malaise, however, the treatment was not discontinued. IFN was stopped in 2 to 3 months due to the onset of chronic GVHD, eventually treated with steroids/cyclosporine. The AML patient had CNS and testicular relapses, treated with local irradiation. All achieved complete remission 2 to 5 months after the first DLI and already have a median follow-up of 18 months after the BMT and 9 months after the DLI. The CML patient had a

subsequent relapse which is currently controlled with **STI**-571. Conclusions: IL-2/IFN can be used to augment the GVL effect of DLI in children who are unlikely to respond to this therapy. They can be safely administered. The most important side effects are fever and chronic GVHD. IL-2/IFN can also minimize the number of apheresis procedures in pediatric donors and should be studied in further prospective trials.

AN 2002:152970 BIOSIS
DN PREV200200152970
TI Interleukin-2 and alpha-interferon can improve the graft-versus-leukemia effect of donor leukocyte infusions.
AU Seber, Adriana (1); Ginani, Valeria C. (1); Goncalves, Alexandra V. (1); Morais, Maria-Fernanda C. (1); Luppi, Luciana A. G. S. (1); Oliveira, Olga M. W. (1); Cecyn, Karyn; Lee, Maria-Lucia M. (1); Toledo, Silvia R. C. (1); Rocha, Maria-Hsu; Petrilli, Antonio-Sergio (1)
CS (1) Pediatrics, Instituto Oncologia Pediatrica, Sao Paulo, SP Brazil
SO Blood, (November 16, 2001) Vol. 98, No. 11 Part 2, pp. 371b. http://www.bloodjournal.org/. print.
Meeting Info.: 43rd Annual Meeting of the American Society of Hematology, Part 2 Orlando, Florida, USA December 07-11, 2001
ISSN: 0006-4971.
DT Conference
LA English

L7 ANSWER 13 OF 34 CA COPYRIGHT 2003 ACS
AB Dermatofibrosarcoma protuberans (DP) is a **skin** tumor of intermediate malignancy characterized by high recurrence rates, for which surgical excision is the main therapy. All DP cases carry a specific t(17;22) translocation, resulting in a COL1A1/PDGFB rearrangement. The subsequently deregulated prodn. of PDGFB generates autocrine stimulation of PDGFr.beta., leading to malignant transformation. Using NIH-3T3 cells transformed by the COL1A1/PDGFB rearrangement (5A cell line), we explored the possibility of blocking the PDGFB autocrine loop, both in vitro and in vivo, using STI571, an inhibitor of the PDGF receptor and of ABL kinase activity. The presence of small amts. of serum in the culture medium was required for the in vitro growth and morphol. transformation of 5A cells. In the presence of STI571, the growth rate was reduced and the assocd. transformed phenotype changed to a flattened one. This effect could be reversed on removal of the inhibitor. The growth rate of tumors induced by 5A cells in nude mice was reduced by STI571 administration. Interestingly, this effect was also evident on pre-existing tumors, but no tumor eradication was obsd. This is consistent with the reversible effects of the inhibitor obsd. in vitro but differs from the eradication effect of STI571 on BCR-ABL-induced tumors. Our data indicate that STI571 might be a candidate compd. for the pharmacol. treatment of DP and demonstrate that the same compd. may act in different ways (cytotoxic vs. cytostatic), according to the specificity of the inhibited tyrosine kinase, namely, ABL or PDGFr.beta..

AN 135:282774 CA
TI Growth-inhibitory effect of STI571 on cells transformed by the COL1A1/PDGFB rearrangement
AU Greco, A.; Roccato, E.; Miranda, C.; Cleris, L.; Formelli, F.; Pierotti, M. A.
CS Department of Experimental Oncology, Operative Unit 3, Istituto Nazionale Tumori, Milan, 20133, Italy
SO International Journal of Cancer (2001), 92(3), 354-360
CODEN: IJCNAW; ISSN: 0020-7136
PB Wiley-Liss, Inc.
DT Journal
LA English
RE.CNT 23 THERE ARE 23 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L7 ANSWER 14 OF 34 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AB In chronic myeloid leukemia (CML), dendritic cells (DC) and leukemic cells

share a common progeny, leading to constitutive expression of putative tumor antigens such as bcr/abl in DC. In vitro and in vivo data suggest that distinct bcr/abl fusion peptides are able to elicit T cell immunity but further yet undefined antigens downstream from bcr/abl or other chromosomal abnormalities might also be possible targets for immunotherapy in CML. A phase I study was started in bcr/abl-positive CML patients in chronic phase who did not achieve a major cytogenetic response after a-IFN treatment. DC are generated from monocytes in the presence of GM-CSF, IL-4 and TNF-a under GMP conditions. The phenotype of DC on culture day 8-9 after final maturation in the presence of TNF-a was Lin-, CD80+, CD86+, CD83+, MHC classII+. Vaccination is performed by 4 s.c. injections with 1X10e6 to 5X10e7 cells. Keyhole limpet hemocyanin (KLH) is used as adjuvans. Results from the first five patients using monocyte-derived DC show that around 60-70% of the cultivated cells were mature DC according to morphology and immunophenotype. In 20 clinical applications the yield of harvested cells/seeded PBMC was in the range of 1-9.5% for monocyte-derived DC 40-70% of the DC were bcr/abl-positive by fluorescence in situ hybridization (FISH). Vaccination was well tolerated without severe toxicity. DTH could be documented usually after the third DC injection, **skin** biopsy in one patient showed an infiltrate of CD4+ and CD8+ lymphocytes. FISH analysis of PBMC showed a strong reduction of bcr/abl-positive cells in 2 out of 3 patients evaluated 8 and 12 weeks after vaccination. After DC vaccination, PBMC of all patients had an increasing proliferative response upon stimulation with autologous bcr/abl-positive DC. In one HLA-A2-positive patient who showed a 78% reduction in the absolute number of bcr/abl-positive PBMC after vaccination, a bcr/abl peptide-specific T cell response could be demonstrated. Vaccination with autologous DC might play a role in post remission therapy of CML, possibly after HD-chemotherapy with autologous stem cell support or after **STI**-571 treatment.

AN 2002:186617 BIOSIS

DN PREV200200186617

TI Dendritic cells as vaccine in bcr/abl-positive chronic myelogenous leukemia: A phase-I study.

AU Westermann, Joerg (1); Kopp, Joachim (1); Koerner, Ida (1); Doehner, Constanze; Doehner, Hartmut; Doerken, Bernd (1); Pezzutto, Antonio (1)

CS (1) Dept. of Hematology and Oncology, Charite, Humboldt-University, Berlin Germany

SO Blood, (November 16, 2001) Vol. 98, No. 11 Part 1, pp. 350a. http://www.bloodjournal.org/. print.
Meeting Info.: 43rd Annual Meeting of the American Society of Hematology, Part 1 Orlando, Florida, USA December 07-11, 2001
ISSN: 0006-4971.

DT Conference

LA English

L7 ANSWER 15 OF 34 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.

AB Since October 2000, Brazil has taken part of expanded access protocols of Safety and Efficacy of Gleevec (**STI**-571) on CML in chronic phase (CP), accelerated phase (AP) and blast crisis (BC) supported by Novartis Pharma, resulting on more than 300 patients (pts) treated with this drug. We report 13 patients who received Gleevec as therapy for relapse after BMT. Patient characteristics at study entry: age: 16-53 (Median -M: 46 y); sex M/F: 8/5; BMT type: Allo: 9 pts, auto: 3 pts, syngeneic: 1 pt. Time from BMT to relapse: 5-68 m (M 15m); phase at relapse: CP-5 pts, AP-6 pts and BC-2 pts; spleen size: >10 cm: 4 pts, 0-10 cm from left costal margin: 4 pts, no splenomegaly: 5 pts; leucocytes/mm3: >10,000: 6 pts; <10,000: 7 pts; 6 pts had blasts on pheripheral blood. ECOG: 0-8 pts, 1-4 pts, 2-1 pt; cytogenetics: 100% Ph -9 pts, >0 and <30% Ph -2 pts, Ph negative(neg.)-2 pts. Dose: 600mg QD -11 pts, 400 mg QD -02 pts. Results: Therapy duration: 7-325 d (M 181 d); 13 (100%) pts have reached complete hematologic response (CHR). 3 (23%) pts have relapsed - 1 on BC and 2 on AP. Time to CHR: 7-30 d (M 28 d); duration of CHR: 29-330 d (M 167). Two pts (15%) were excluded from study, the former for progressive disease and

the other for hepatic toxicity. Six month cytogenetic data is available on 7 pts: 3 complete cytogenetic response (CCR), 2 no response, 2 Ph negative and BCR-ABL positive pts before BMT, one of them has BCR-ABL/ABL 78% at 6 m. 2 pts have BCR-ABL/ABL of 10% and 11% respectively, the former after syngeneic and the last after autologous BMT. 2 pts have improved quimerism on VNTR analysis: one from 10% donor cells to 45 donor cells and one from 10% donor cells to 100% donor cells after 3 m of **STI**. Seven (53%) pts developed grade III-IV neutropenia with a duration of 1-8m (M 2m). Five(38%) pts have developed non hematologic toxicity grade III-IV. Most frequent adverse events: arthralgia, edema and weight gain, diarrhea, infection, nausea/vomiting, pancytopenia. Five pts have received DLI as concomitant therapy. Dose varied from 1X107 to 1.62X108 CD3/Kg (M 6.75X107). Only one pt developed **skin** and liver chronic GVHD, reaching CHR and CCR. Overall survival is 100% from 57-325 d (M 181 d). Conclusions: 1) Gleevec can be used safely as therapy for BMT relapse, even on advanced phases; 2) DLI was safely associated with Gleevec, which has to be confirmed by further studies; 3) Complete quimerism can be restablished by Gleevec therapy after alllogenic BMT.

AN 2002:152499 BIOSIS
DN PREV200200152499
TI Gleevec (**STI**-571) as therapy for relapse after bone marrow transplantation (BMT.
AU Moreira, Vaneuza A. (1); Setubal, Daniela C. (1); Albuquerque, Daniela G. (1); Ribas, Marlene (1); Pasquini, Ricardo (1); Lima, Denise H. (1); Ferreira, Euripedes; Hamerschlack, Nelson; Simon, Sergio D.; Pietrocola, Marci; Popovici, Marisete S.; Lerner, Decio; Tabak, Daniel G.
CS (1) Hematology, Federal University of Parana, Curitiba, PR Brazil
SO Blood, (November 16, 2001) Vol. 98, No. 11 Part 2, pp. 264b. http://www.bloodjournal.org/. print.
Meeting Info.: 43rd Annual Meeting of the American Society of Hematology, Part 2 Orlando, Florida, USA December 07-11, 2001
ISSN: 0006-4971.
DT Conference
LA English

L7 ANSWER 16 OF 34 MEDLINE

AB Patient radiation exposure was determined for conventional and direct-digital cephalometric radiography. An anthropomorphic phantom was positioned to expose lateral cephalographs from the patient's left side. The conventional radiographs were exposed with a Siemens Orthophos C unit (77 kV, 14 mA, 0.5 s) and a film-screen system of a relative speed of 400. The direct-digital radiographs were exposed with a Siemens Orthophos DS Ceph (73 kV, 15 mA, 15.8 s). A set of 108 thermoluminescence detectors (TLDs; Bicron **STI**/Harshaw, Solon, Ohio) was used for dose measurements. For each measurement, 84 TLDs were placed at the surface of the head and neck, as well as inside the phantom, at anatomically relevant positions. The remaining detectors were employed for calibration purposes and quality control. The highest absorbed doses were recorded for the conventional technique at the **skin** of the left parotid region (132 microGy), in the left parotid gland (103 microGy), and in the ocular lens of the left eye (81 microGy). Digital cephalometry resulted in an absorbed dose about 2 times lower than the dose received by the conventional technique. The effective doses had the same relation (conventional 2.3 microSv; digital 1.1 microSv). The results demonstrate that direct-digital cephalometric radiography cuts the patient's dose in half compared with the conventional screen-film technique. Direct-digital cephalometry is more advantageous than the conventional technique from the perspective of radiation protection.

AN 2001344636 MEDLINE
DN 21300419 PubMed ID: 11407766
TI Dose reduction by direct-digital cephalometric radiography.
AU Visser H; Rodig T; Hermann K P
CS Dental School, Department of Conservative and Preventive Dentistry, University of Gottingen, Germany.. h-visser@lycosmail.com

SO ANGLE ORTHODONTIST, (2001 Jun) 71 (3) 159-63.
Journal code: 0370550. ISSN: 0003-3219.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Dental Journals; Priority Journals
EM 200110
ED Entered STN: 20011022
Last Updated on STN: 20011022
Entered Medline: 20011018

L7 ANSWER 17 OF 34 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AB Administration of the tyrosine kinase inhibitor imatinib mesylate (**STI**-571)leads to major hematological responses in 90% of CML patients with chronic phase who have failed interferon and in 40-60% of those with advanced disease. The drug is well-tolerated with Grade III-IV non-hematological toxicities occurring in under 10%. **Skin** toxicity has been an infrequently reported side effect. However, of the 145 patients treated with imatinib mesylate at the Dana-Farber Cancer Institute on one of seven protocols (Phase II trials in chronic phase CML (73), accelerated phase CML (35), or blast crisis (24); or Phase III interferon/ara-C 'v' imatinib mesylate in newly diagnosed chronic phase (13)) 18 (12%) developed a grade I-III **skin** rash, of whom 12 underwent **skin** biopsies. The rash was generally pruritic and of an erythematous maculo-papular quality. Rashes occurred at imatinib mesylate doses of both 300 mg (2), 400 mg (8) or 600 mg (8) orally daily after a median duration of therapy of 2 months (range 1-11 months). **Skin** biopsies revealed changes consistent with drug-induced hypersensitvity reactions. The biopsies showed a variable perivascular lymphoid infiltrate with eosinophils that ranged from rare to prominent. In eight patients rashes were severe enough to warrant discontination of therapy with imatinib mesylate. In each case patients were rechallenged after the rash resolved; the same (2) or a lower dose (6) was tolerated except for one patient who required removal from the study. In 10 cases the rash resolved despite continuation of imatinib mesylate. Topical steroids were employed in nine patients, oral anti-pruritics in three. Characteristics of patients who developed a rash on imatinib mesylate included median age 60 years (range: 54-78), sex (12/18 female); CML stage (chronic phage in 9, accelerated phase in 8 and blast crisis in 1), median WBC at entry of 60K/ul (range 10-200K/ul), median platelet count at study entry 12 K/ul (range 3-120 K/ul), prior exposure to interferon in 14/18, allopurinol use in 2 and more than 2 concomittant medicines in 8. We compared the age, sex, disease stage, and starting dose of imatinib mesylate in those with and without rashes and found no predictive factors for this toxicity except that rashes were more likely in females (12/59) than in males (6/86) (p=0.02). In summary we found that rashes are not uncommon in patients with CML on imatinib masylate; although usually self-limited, in some cases the rash is severe enough to limit drug administration, although succesful re-challenge is possible. The rash appears to be on the basis of a hypersensitivity reaction, but the mechanism (related directly to tyrosine kinase inhibition 'v' idiosyncratic immunological effect) remains unknown.
AN 2002:153047 BIOSIS
DN PREV200200153047
TI **Skin** reactions to imatinib mesylate (**STI**-571) in patients with chronic myeloid leukemia (CML): Clinical features and histopathology.
AU Stone, Richard (1); Galinsky, Ilene (1); Haynes, Harley; Soiffer, Robert (1); Alyea, Edwin (1); Neuberg, Donna (1); Tawa, Marianne; Antin, Joseph (1); Resta, Debra; Granter, Scott; DeAngelo, Daniel (1)
CS (1) Adult Oncology, Dana-Farber Cancer Institute, Boston, MA USA
SO Blood, (November 16, 2001) Vol. 98, No. 11 Part 1, pp. 141a.
http://www.bloodjournal.org/. print.
Meeting Info.: 43rd Annual Meeting of the American Society of Hematology,

Part 1 Orlando, Florida, USA December 07-11, 2001
ISSN: 0006-4971.
DT Conference
LA English

L7 ANSWER 18 OF 34 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AB Preliminary clinical data on the use of **STI**-571 suggest that this tyrosine kinase inhibitor is capable of achieving hematologic and cytogenetic remissions in patients with chronic myeloid leukemia (CML) in blastic phase. We report 4 patients included in multicenter phase II clinical trials with CML in myeloid blastic crisis (MBC-CML, 3 patients) and Ph positive acute lymphoblastic leukemia (Ph+ALL, 1 patient). All 4 patients had relapsed following allogeneic stem cell transplantation (SCT) from haplo-identical family (n=1), HLA-identical sibling (n=1) and HLA-matched unrelated (n=2) donors. All 3 patients with CML were transplanted in chronic phase and relapsed initially at the molecular and cytogenetic level with rapid progression to hematologic relapse in MBC-CML. Two of these patients failed to respond to donor lymphocyte infusions (DLI). The Ph+ALL patient relapsed 18 months after SCT and failed to respond to standard chemotherapy. All patients were treated with **STI**-571 at a daily dose of 600 mg without notable side effects. No other anti-leukemic therapy was given. Before treatment with **STI** , patients were 100% Ph positive in the bone marrow. Chimerism studies were done using conventional cytogenetics and STR-PCR. All patients achieved a reduction in the proportion of blasts in the bone marrow (3 complete remission, 1 partial remission) following one month treatment with **STI**. One patient became 100% Ph negative and 100% donor hemopoiesis by cytogenetics (sex mismatch). This patient also developed grade III **skin** and liver GVHD. After 3 months on **STI**, the remaining 3 patients are mixed chimeras by bone marrow cytogenetics (25%, 65% and 90% donor hemopoiesis respectively) and STR-PCR in peripheral blood samples. All patients remain RT-PCR positive for BCR-ABL. All patients are being treated with DLI at the time of maximal response. In conclusion, **STI**-571 is capable of inducing the reappearance of donor hemopoiesis in patients who have relapsed with blastic transformation of CML or Ph+ALL after SCT. Longer follow-up is needed to see if **STI**-571 in combination with DLI can result in durable remissions.
AN 2001:330631 BIOSIS
DN PREV200100330631
TI **STI**-571 induces mixed chimerism in patients relapsing in blastic transformation after allogeneic stem cell transplantation for chronic myeloid leukemia.
AU Olavarria, E. (1); Boecklin, F. (1); Rezvani, K. (1); Vulliamy, T. (1); Zaiac, M. (1); Parker, S. (1); Chase, A. (1); Mulvanny, M. (1); Armstrong, L. (1); Rahemtulla, A. (1); Kanfer, E. (1); Apperley, J. (1); Goldman, J. (1)
CS (1) Haematology Department, Hammersmith Hospital, ICSM, London UK
SO Blood, (November 16, 2000) Vol. 96, No. 11 Part 1, pp. 471a. print. Meeting Info.: 42nd Annual Meeting of the American Society of Hematology San Francisco, California, USA December 01-05, 2000 American Society of Hematology
. ISSN: 0006-4971.
DT Conference
LA English
SL English

L7 ANSWER 19 OF 34 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AB TroxatylTM is the first dioxolane nucleoside with potent in vitro and in vivo antitumor activity. This cytosine analog is a DNA polymerase inhibitor and complete DNA chain terminator. It undergoes cellular uptake with prolonged retention of the phosphorylated metabolites, TroxatylTM is not a substrate for cytidine deaminase and is the only L-isomer nucleoside analog with anti-tumor activity. In a Phase I study of TroxatylTM in

patients (pts) with primary refractory or relapsed acute leukemia, mucositis and hand-foot syndrome were the dose limiting toxicities. (Giles et al Abstract 4231 ASH 1999). The recommended single agent dose was defined as 8 mg/m2/day daily for 5 days. Preliminary results are presented for 13 pts (10 female and 3 male, median age: 52 years; range:23-80), with CMLBP treated at this dose as part of an ongoing Phase II study. Prior therapy for CML chronic phase included hydroxyurea alone (1 pt), alpha interferon-based therapy (7 pts), homoharringtonine (HHT) (1 pt), allogeneic Stem Cell Transplantation (SCT) (1pt). Eleven pts had received and failed one or more prior therapy for CMLBP including topotecan-based therapy (5 pts), allogeneic SCT (3 pts), 6-thioguanine (1 pt), HHT (2 pts), mitoxantrone/ara-C (1 pt), **STI** (5 pts), donor lymphocyte infusions (1 pt), 2-CDA/cyclophosphamide/VP16 (1 pt), hCVXD (1 pt), clofarabine/decitabine (1 pt), liposomal Daunorubicin/ara-C (1 pt), CVAD (1 pt). Toxicities included: Grade 2 **skin** rash - 5 pts; hand-foot syndrome: Grade 2-4 pts, Grade 3 - 3 pts; Grade 2 mucositis - 1 pt; Grade 4 mucositis - 2 pts. Three patients were converted to 2nd chronic phase with a median duration of 10 months (range 9-16). Two pts had early deaths from progressive disease and two others are too early to assess. Four patients have received two or more courses of therapy. TroxatylTM has activity in heavily pretreated patients with CMLBP and merits further study in first line as a single agent and in combination.

AN 2001:305332 BIOSIS

DN PREV200100305332

TI TroxatylTM (Troxacitabine) has activity in blastic phase chronic myeloid leukemia (CMLBP.

AU Giles, F. J. (1); Cortes, J. E. (1); Bivins, C. (1); Andreeff, M. (1); Talpaz, M. (1); Jolivet, J.; Kantarjian, H. M. (1)

CS (1) Departments of Leukemia, Bioimmunotherapy, and Bone Marrow Transplant, UT MD Anderson Cancer Center, Houston, TX USA

SO Blood, (November 16, 2000) Vol. 96, No. 11 Part 2, pp. 254b. print. Meeting Info.: 42nd Annual Meeting of the American Society of Hematology San Francisco, California, USA December 01-05, 2000 American Society of Hematology
. ISSN: 0006-4971.

DT Conference

LA English

SL English

L7 ANSWER 20 OF 34 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.

AB A 25-yr.-old male with Ph-pos. CML and early onset lymphoid blast crisis relapsing after a 2nd non-myeloablative allogeneic, HLA-identical sibling PBSCT despite grade III GvHD (gut, **skin**) was referred to our hospital for treatment with the ABL-tyrosine kinase inhibitor STI571 within a multicenter phase II clinical trial (STI109) in October 1999. Previous phase I clinical trials of STI571 have shown remarkable activity in chronic phase CML, blast crisis and Ph+ acute lymphocytic leukemia (ALL) (Druker et al ASH: 368a, 697a,1999). The patients medical history included a 7-month iv. drug abuse, acute hepatitis B infection 2 yrs. prior to diagnosis of CML and ongoing methadone substitution. Baseline cytogenetics revealed complex aberrant karyotype including t(9;22) in 83% of metaphases, bone marrow analysis showed marked hypercellularity and accelerated phase of CML, donor chimerism had dropped to 76%. STI571 therapy was initiated at a single daily dose of 400 mg p.o.. GvHD prophylaxis with steroids 60mg/d was tapered and discontinued after 3 months without recurrence of GvHD. After 4 wks. treatment marrow cytology normalized, a complete cytogenetic response and an increase in donor chimerism to 94% at 4 wks. and to >99% at 9 wks. occurred. BCR-ABL expression as measured by real time quantitative PCR showed a decrease by more than 2 logs after 4 wks. of STI571 treatment and remained negative since 8 wks. after starting treatment. The negative values reflect an overall reduction of BCR-ABL expression by more than 4 logs. Complete cytogenetic and molecular remission and stable donor chimerism are maintained after 9 mts. of treatment. STI571 was well tolerated, treatment

related side effects were limited to reversible grade II neutropenia and grade I nausea not requiring pharmacologic intervention. Reactivation of hepatitis B after 7 mts. of treatment with rapid increase in liver enzymes necessitated short-term interruption of therapy and initiation of antiviral therapy. The pronounced clinical efficacy of STI571 as seen in this pt. demonstrates that STI571 is a promising therapeutic option in patients with BCR-ABL positive leukemias who have failed allogeneic bone marrow transplantation. Our findings provide the rationale for a novel treatment strategy employing **STI** 571 subsequent to allogeneic bone marrow transplantation.

AN 2001:294257 BIOSIS
DN PREV200100294257
TI Clinical activity of an ABL-tyrosine kinase inhibitor (STI571) in a patient with CML lymphoid blast crisis relapsing after allogeneic stem cell transplantation.
AU Wassmann, B. (1); Scheuring, U.; Thiede, Ch.; Bornhaeuser, M.; Griesinger, F.; Petershofen, E.; Gschaidmeier, H.; Capdeville, R.; Hoelzer, D.; Ottmann, O. G.
CS (1) Dept. of Hematology, University of Frankfurt, Frankfurt Germany
SO Blood, (November 16, 2000) Vol. 96, No. 11 Part 2, pp. 218b. print. Meeting Info.: 42nd Annual Meeting of the American Society of Hematology San Francisco, California, USA December 01-05, 2000 American Society of Hematology
. ISSN: 0006-4971.
DT Conference
LA English
SL English

L7 ANSWER 21 OF 34 CA COPYRIGHT 2003 ACS
AB The invention relates to methods and means for preventing, treating or reducing inflammation by inhibiting proteolytic activity, more specifically for preventing or reducing inflammations of **skin** or intestine. The invention provides a method for reducing or preventing an inflammation comprising subjecting a mammal to a treatment with at least one inhibitor which is capable of inhibiting proteolytic activity. In a preferred embodiment of the invention, said inhibitor is a plant product, such as potato juice or an inhibitor derived thereof. The use of the inhibitors of proteolytic activity to inhibit fecal proteolytic activity and treatment of intestinal, perineal, peri-anal or peristomal inflammation is described. The use of the inhibitors to prep. diapers is also described.
AN 131:346523 CA
TI Methods and means for preventing or treating inflammation
PA Erasmus Universiteit Rotterdam, Neth.
SO Eur. Pat. Appl., 24 pp.
CODEN: EPXXDW
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI EP 958833	A1	19991124	EP 1998-201694	19980520
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO				
WO 9959623	A1	19991125	WO 1999-NL312	19990520
W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, SD, SL, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				

AU 9940642 A1 19991206 AU 1999-40642 19990520
EP 1079853 A1 20010307 EP 1999-924055 19990520
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO
JP 2002515454 T2 20020528 JP 2000-549287 19990520
PRAI EP 1998-201694 A 19980520
WO 1999-NL312 W 19990520
RE.CNT 11 THERE ARE 11 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L7 ANSWER 22 OF 34 MEDLINE
AB Obesity has been mentioned as a major risk factor to develop gestational diabetes mellitus (GDM). In this work the main purpose was to compare the distribution of body fat tissue and insulin serum levels in obese women suffering GDM. Twenty obese pregnant patients, ten with GDM and ten non-diabetic control subjects were selected. To define the body fat distribution the following anthropometric indexes were performed: subscapular/triceps **skinfold** index (**STI**) during pregnancy (24-28 weeks) and **STI** plus waist/hip ratio (WHR) in postpartum (6 weeks). The two obese groups were evaluated through an oral glucose tolerance test, taking blood at 0, 60, 120 and 180 minutes; after centrifugation glucose serum levels were measured immediately by the glucose oxidase technique and the rest of the sample was kept frozen at -20 degrees C until insulin determinations by radioimmunoassay. The ten patients with GDM presented upper body fat, segment distribution, while among those without GDM, only six had this last feature and four were found with lower body fat segment distribution ($p < 0.047$). Insulin serum levels in GDM group were higher than in women without GDM ($p < 0.01$). The **STI** during and after pregnancy correlated positively ($r = 0.77$, $p < 0.00003$) and also with WHR ($r = 0.61$, $p < 0.0001$). There was correlation between **STI** and WHR both measured in postpartum ($r = 0.52$, $p < 0.0007$).
AN 2000011776 MEDLINE
DN 20011776 PubMed ID: 10544541
TI [Distribution of adipose tissue and insulin serum levels in women with gestational diabetes].
La distribucion del tejido adiposo y los niveles sericos de insulina en la mujer obesa que desarrolla diabetes mellitus gestacional.
AU Martinez-Chequer J C; Fiorelli Rodriguez S; Moran C E; Arreola Ortiz J F
CS Unidad de Investigacion Medica en Medicina Reproductiva, Hospital de Ginecoobstetricia Luis Castelazo Ayala, IMSS, Mexico, D.F.
SO GINECOLOGIA Y OBSTETRICIA DE MEXICO, (1999 Sep) 67 442-8.
Journal code: 0376552. ISSN: 0300-9041.
CY Mexico
DT Journal; Article; (JOURNAL ARTICLE)
LA Spanish
FS Priority Journals
EM 199911
ED Entered STN: 20000111
Last Updated on STN: 20000111
Entered Medline: 19991103

L7 ANSWER 23 OF 34 MEDLINE
AB The efficacy and tolerance of short-term immunotherapy (**STI**) by seven preseasonal injections of tree-pollen allergens (ALK7 Fruhbluhermischung) was investigated in a double-blind, placebo-controlled, multicenter study with 111 rhinoconjunctivitis patients. Nasal and bronchial symptoms simultaneously analyzed, and nasal symptoms as a single end point, but not the overall score of nasal, bronchial, and conjunctival symptoms, showed a significantly lower increase with **STI** during birch-pollen exposure (both P=0.033, n=105, Mann-Whitney U-test). However, a selective analysis with patients from centers with high recruitment figures (n> or =10 patients, n=29 **STI**, n=32 placebo) showed a significantly lower increase of nasal,

bronchial, and overall symptom score (**STI** 11.0 vs placebo 18.0, P=0.001, U-test). **STI** had equidirected effects on conjunctival, nasal, and bronchial symptoms analyzed as multiple end points, although conjunctival symptoms were not significantly different as a single end point. The seasonal increase in drug use was reduced by 62% in the **STI** group compared with placebo (P=0.032, t-test). Specific IgG4 increased only after **STI** (P<0.001); IgE was not significantly different. Eosinophil cationic protein remained unchanged with **STI** , but significantly increased with placebo in the pollen season (P=0.003). **STI** was well tolerated. In conclusion, **STI** was shown to be efficacious and safe for the treatment of patients with tree-pollen rhinoconjunctivitis.

AN 1998387677 MEDLINE
DN 98387677 PubMed ID: 9722222
TI Tree-pollen allergy is efficiently treated by short-term immunotherapy (**STI**) with seven preseasonal injections of molecular standardized allergens.
AU Balda B R; Wolf H; Baumgarten C; Klimek L; Rasp G; Kunkel G; Muller S; Mann W; Hauswald B; Heppt W; Przybilla B; Amon U; Bischoff R; Becher G; Hummel S; Frosch P J; Rustemeyer T; Jager L; Brehler R; Luger T; Schnitker J
CS Klinik fur Dermatologie und Allergologie, Zentralklinikum Augsburg, Germany.
SO ALLERGY, (1998 Aug) 53 (8) 740-8.
Journal code: 7804028. ISSN: 0105-4538.
CY Denmark
DT (CLINICAL TRIAL)
(CONTROLLED CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
LA English
FS Priority Journals
EM 199811
ED Entered STN: 19990106
Last Updated on STN: 19990106
Entered Medline: 19981105

L7 ANSWER 24 OF 34 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.DUPLICATE 2
AB Background: Short-term immunotherapy (**STI**) can be beneficial for patients who are noncompliant with long-term specific immunotherapy. Objective: The efficacy and tolerance of **STI** with seven preseasonal injections of molecular standardized allergens from grass and rye pollen has been investigated in a double-blind, placebo-controlled multicenter study with 87 patients at 12 German University hospitals. Methods: Symptoms of the eyes, nose, and bronchi and use of symptomatic drugs were documented daily in diaries by patients with allergic rhinitis to grass and/or rye pollen and without bronchial asthma. Patients were monitored by **skin** prick test titration and measurement of levels of specific IgE and IgG4. Results: The median nasal score for the 10 weeks with the strongest symptoms during the grass pollen season was significantly lower (p = 0.014) with 35.0 for **STI** (n = 41) versus 69.0 for placebo (n = 40); the overall symptom score was 54.0 for **STI** versus 97.5 for placebo (p = 0.020). Only **STI** -treated patients exposed to less than 40 pollen grains per cubic meter per week showed a significantly lower nasal symptom score of 39.0 versus 75.0 for placebo (p = 0.006); these patients also had fewer nasal symptoms and less use of topical nasal drugs (p lt 0.001). The threshold dose in **skin** prick tests was significantly higher, being 9.06 histamine equivalent for **skin** prick test (HEP) for **STI**-treated patients who received the maximum dose (n = 22) versus 4.33 HEP for placebo (p = 0.005). Specific IgE levels were significantly higher, being 55.9 SU/ml for **STI** versus 39.2 SU/ml for placebo after seven injections (p = 0.006) and level of specific IgG4 was 5.36% for

STI versus 1.28% for placebo (p lt 0.001). No severe systemic reactions were observed. Conclusion: **STI** with seven preseasonal injections with molecular standardized allergens is effective and well tolerated.

AN 1997:405728 BIOSIS
DN PREV199799711931
TI Short-term immunotherapy: A prospective, randomized, double-blind, placebo-controlled multicenter study of molecular standardized grass and rye allergens in patients with grass pollen-induced allergic rhinitis.
AU Zenner, Hans Peter; Baumgarten, Claus; Rasp, Gerd; Fuchs, Thomas; Kunkel, Gert; Hauswald, Bettina; Ring, Johannes; Effendy, Isaak; Behrendt, Wolfram; Frosch, Peter J.; Przybilla, Bernhard; Brunner, Franz X.; Merk, Hans F.; Kapp, Alexander; Schnitker, Joerg; Wolf, Hendrik (1)
CS (1) Scherax Arzneimittel GmbH, Suelldorfer Landstr. 128, D-22589 Hamburg Germany
SO Journal of Allergy and Clinical Immunology, (1997) Vol. 100, No. 1, pp. 23-29.
ISSN: 0091-6749.
DT Article
LA English

L7 ANSWER 25 OF 34 MEDLINE
AB The purpose of this study was to ascertain the need for boosters after administration of **STI** anthrax vaccine. Postvaccination dynamics was assessed by observing the intradermic reaction of anthraxine. The study included 138 subjects vaccinated 15 months earlier by subcutaneous injection or 128 subjects vaccinated 24 months earlier by aerosol inhalation. Subjects were tested using the anthraxine test in separate groups on D2, D7, D15, D90, D180, and D365 after administration of the booster via the same route as the primary vaccination. Immediately before administration of the booster residual positive **skin** reactions were observed in 14.3% of subjects in the subcutaneous vaccination group and 8.3% of subjects in the aerosol vaccination group. After the booster, the proportion of subjects with positive **skin** reactions increased rapidly. The proportion of positive **skin** reactions after the booster was not statistically different from the proportion after the primary vaccination. This study provides scientific evidence supporting the need for boosters after anthrax vaccination and demonstrated an absence of sensitization by anthraxine during tests to evaluate response kinetics in subjects after primary vaccination. Several questions remain to be answered concerning the optical booster dose, the most effective timing, and the value of acellular vaccines.
AN 96387544 MEDLINE
DN 96387544 PubMed ID: 8926874
TI [Delayed hypersensitivity in man after booster anthrax vaccination]. Hypersensibilite retardee chez l'homme apres rappel de vaccination contre le charbon.
AU Shlyakhov E; Rubinstein E
CS Unite des Maladies Infectieuses, Chaim Sheba Medical Center, Tel-Hashomer, Israel.
SO MEDECINE TROPICALE, (1996) 56 (2) 148-50.
Journal code: 8710146. ISSN: 0025-682X.
CY France
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LA French
FS Priority Journals
EM 199611
ED Entered STN: 19961219
Last Updated on STN: 19961219
Entered Medline: 19961101

L7 ANSWER 26 OF 34 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.DUPLICATE 3

AB Since infection develops in significant numbers of hospitalized patients, the problem of resistance to third-generation cephalosporins is of increasing concern. We evaluated the efficacy of cefepime 1 g bd as treatment for acute, moderately severe bacterial infection in 239 hospitalized patients (mean age 60 years). Of these patients, 204 were evaluated clinically for urinary tract infection (UTI) (n = 90), lower respiratory tract infection (LRTI) (n = 70), **skin** and soft tissue infection (S/**STI**) (n = 12) and bacteraemia which was associated with either UTI or LRTI (n = 32) but not included in the previously mentioned UTI and LRTI groups. Amongst the pathogens isolated (36 Gram-positive, 150 Gram-negative), the most predominant species were Escherichia coli in UTI and bacteraemia (n = 81), Streptococcus pneumoniae in LRTI and bacteraemia (n = 23), Haemophilus influenzae in LRTI (n = 16), Pseudomonas aeruginosa (n = 4) and Enterobacter cloacae (n = 2) in S/**STI**. The mean duration of treatment was 8.5 days and was the same for the 204 clinically evaluable patients. Overall, the clinical cure rate for cefepime was 94% (191/204). Pathogen eradication was achieved in 93% (185/199) of infections. Of the patients with associated bacteraemia, the clinical cure rate was 97% (31/32) and 94% (16/17) of the pathogens were eradicated. Cefepime therapy was well-tolerated. Treatment was discontinued in eight patients (3%) because of local intolerance and in five patients (2%) because of drug-related adverse events (rash, headache and pruritus). Cefepime 1 g bd is as safe and effective as other parenteral cephalosporins for the treatment of acute bacterial UTI, LRTI and S/**STI**, including those cases with associated bacteraemia. The bd dosing schedule and reported lack of cross-resistance with other cephalosporins against some species of aerobic Gram-negative bacilli make cefepime an attractive treatment option in hospitalized patients.

AN 1994:123226 BIOSIS

DN PREV199497136226

TI Low-dosage cefepime as treatment for serious bacterial infections.

AU Giamarellou, H.

CS First Dep. Propedeutic Med., Athens University Sch. Med., Laiko General Hospital, Athens 11527 Greece

SO Journal of Antimicrobial Chemotherapy, (1993) Vol. 32, No. SUPPL. B, pp. 123-132.
ISSN: 0305-7453.

DT Article

LA English

L7 ANSWER 27 OF 34 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.

AB Following electrical stimulation of the posterior urethra, visceral afferent nerves are excited that transmit sensory information perceived as an imminent desire to void. In the present study, some basic psychophysical relations involved in the sensations evoked this way were investigated. The results included the following. First, in the temporal integration relation, the relation between the sensory threshold (sT) and the duration of the stimulus (D) followed a power function: sT*DK = m, in which K and m are constants. Second, in 20 healthy subjects, the sensory threshold determined with increasing strength (**sTi**) and determined with decreasing strength (sTd) were linearly correlated (P.ltoreq.0.001). The slope of the relations between **sTi** and sTd decreased with the duration of stimulus. Third, the **sTi** and sTd were inversely related to the frequency of the stimulus. Fourth, the relation between the mean reaction time (RT) and the stimulus strength (I) followed a significant power function fit after stimulation in the posterior urethra (R = 0.93, P.ltoreq.0.001): RT = .vdelta.*I-n, in which .vdelta. and n are constants. Finally, stimulation of the penile **skin** either electrically, with vibration or with a cold stimulus, caused a significant increase in the sensory thresholds determined in the posterior urethra. The conclusion of the study was that sensations evoked by electrical stimulation of visceral afferent pathways in the posterior urethra follow psychophysical power functions similar to those of exteroceptive sensory modalities.

AN 1991:31880 BIOSIS
DN BA91:21231
TI PSYCHOPHYSICAL FUNCTIONS OF THE SENSATION EVOKED BY ELECTRICAL STIMULATION OF THE POSTERIOR URETHRA.
AU HANSEN M V
CS DEP. UROL., UNIV. HOSP., 581 85 LINKOPING, SWEDEN.
SO NEUROUROL URODYN, (1990) 9 (5), 521-534.
CODEN: NEUREM. ISSN: 0733-2467.
FS BA; OLD
LA English

L7 ANSWER 28 OF 34 MEDLINE
AB The injection of 1 x 10(6) trophozoites of axenically grown Entamoeba histolytica strain HM-1 in the subcutaneous tissue of the rat results in an acute and self-limited inflammatory process, characterized by the early onset of conspicuous tissue necrosis and focal hemorrhage in the vicinity of the parasites, followed by infiltration with polymorphonuclear leukocytes. The process develops for 5-10 hr but during that period amebic trophozoites progressively disappear, leukocytes undergo degenerative changes, and the lesion tends to heal in 72-96 hr. In leukopenic animals (less than 1000 white blood cells/ml) tissue necrosis and hemorrhage are equally conspicuous in the neighborhood of amebas. Inhibition of amebic proteinase activity prior to injection by heat denaturation, p-hydroxy-mercuri-benzoate (PHMB), soybean trypsin inhibitor (**STI**), and human alpha-2-macroglobulin (alpha 2M), alone or in various combinations, results in absence or notorious decrease in tissue necrosis as well as in clearly diminished inflammatory reaction. This effect is particularly evident when cysteine proteinases are either specifically or generally inhibited. On the other hand, amebic proteinase inhibition with alpha 2M and **STI** does not interfere with the cell-killing capacity of trophozoites co-incubated in vitro for 2 hr with rat peritoneal cells enriched for macrophages. We conclude that in acute experimental amebiasis produced in the subcutaneous tissue of the rat, amebic cysteine (and perhaps other) proteinases are primarily responsible for necrosis and are also important, but not essential, for inflammation. We also suggest that in this model polymorphonuclear leukocytes are not required for tissue necrosis. Finally, in an in vitro model, the cell-killing capacity of amebas is not influenced by the proteinase activity of the parasite.
AN 89052819 MEDLINE
DN 89052819 PubMed ID: 2903831
TI Entamoeba histolytica: role of amebic proteinases and polymorphonuclear leukocytes in acute experimental amebiasis in the rat.
AU Becker I; Perez-Tamayo R; Montfort I; Alvizouri A M; Perez-Montfort R
CS Sub-Division de Medicina Experimental, Facultad de Medicina, Universidad Nacional Autonoma de Mexico, Mexico City.
SO EXPERIMENTAL PARASITOLOGY, (1988 Dec) 67 (2) 268-80.
Journal code: 0370713. ISSN: 0014-4894.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 198901
ED Entered STN: 19900308
Last Updated on STN: 20000303
Entered Medline: 19890103

L7 ANSWER 29 OF 34 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.DUPLICATE 4
AB Although heating rate is important for stimulating thermoregulatory reflexes, it is not known if the control system differentiates between total heat gain and rate of heat gain. Exposing animals to microwaves inside a waveguide permits continuous monitoring of whole-body heat absorption. Tail **skin** temperature of restrained mice was

recorded during whole-body exposure to 2,450-MHz microwave radiation at specific absorption rates (SAR) of either 11.5, 21.7 or 43.5 W .cntdot. kg-1 and whole-body heat loads of 0.3-14 J .cntdot. g-1. The integration of tail **skin** temperature with time, defined as the **skin** temperature index (**STI**), was measured as a function of absorbed heat load. At ambient temperatures of 20.degree. and 25.degree. C the **STI**, averaged with respect to heat load, increased significantly with SAR. Depending on SAR, the sensitivity of heat loss from the tail to microwave exposure increased 32-71% per 1.degree. C elevation in ambient temperature. Heat loss from the tail increases with the whole-body heat load accrued from microwave exposure. When heat loss is averaged with respect to heat load, the rate of heat absorption and ambient temperature increase the sensitivity of thermoregulatory centers that control peripheral heat loss from the tail of mice.

AN 1984:198733 BIOSIS
DN BA77:31717
TI INFLUENCE OF HEATING RATE ON CONTROL OF HEAT LOSS FROM THE TAIL IN MICE.
AU GORDON C J
CS PHYSIOL. SECT., BIOL. ENG. BRANCH, HEALTH EFFECTS RES. LAB., U.S. ENVIRON. PROTECT. AGENCY, RESEARCH TRIANGLE PARK, N.C. 27711.
SO AM J PHYSIOL, (1983) 244 (6), R778-R784.
CODEN: AJPHAP. ISSN: 0002-9513.
FS BA; OLD
LA English

L7 ANSWER 30 OF 34 MEDLINE
AB Fibroblast mitogenic activity (MA) has been identified in scleroderma (SD) sera. Control and scleroderma **skin** fibroblasts in early passage were observed for replication (cell counts) after 72 h of serum exposure. SD sera at 15% concentration induced a significant increase in control fibroblast numbers when compared with control sera; this effect was not seen with SD cells while at higher serum concentrations (30%); SD cells were slightly responsive to the MA. MA was completely abrogated by the proteinase inhibitors **STI** and TLCK which did not affect mitogens in healthy sera. Circulating mitogenic proteinases selective for fibroblasts could play a role in the fibrosis of SD by modulating fibroblast replication.

AN 83301680 MEDLINE
DN 83301680 PubMed ID: 6612173
TI A fibroblast mitogen present in scleroderma but not control sera: inhibition by proteinase inhibitors.
AU LeRoy E C; Kahaleh M B; Mercurio S
NC AM 30431 (NIADDK)
SO RHEUMATOLOGY INTERNATIONAL, (1983) 3 (1) 35-8.
Journal code: 8206885. ISSN: 0172-8172.
CY GERMANY, WEST: Germany, Federal Republic of
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 198310
ED Entered STN: 19900319
Last Updated on STN: 19970203
Entered Medline: 19831028

L7 ANSWER 31 OF 34 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 1974:64603 BIOSIS
DN BR10:64603
TI A POSSIBILITY OF USING BIP-4 JET INJECTOR TO IMMUNIZE LABORATORY ANIMALS WITH **STI** ANTHRAX VACCINE.
AU CHERKASSKII B L; DZHARYLGASOV S A; SKLYAROV V YA; NELYAPIN N M; NAUMENKO YU I; PILIPENKO V G; KNOP A G; SAVINYKH A I; MARKOV V YU
SO Zh. Mikrobiol., Epidemiol. Immunobiol., (1973) 50 (10), 20-23.
CODEN: ZMEIAV. ISSN: 0372-9311.
FS BR; OLD

LA Unavailable

L7 ANSWER 32 OF 34 MEDLINE
AN 71084265 MEDLINE
DN 71084265 PubMed ID: 4992904
TI Anthrax. Biological and immunological principles of diagnosis and prevention. 4. The dynamics and intensity of **skin** tests with anthraxin in guinea pigs inoculated with a **STI** vaccine.
AU Shlyakhov E N
SO JOURNAL OF HYGIENE, EPIDEMIOLOGY, MICROBIOLOGY AND IMMUNOLOGY, (1970) 14 (4) 464-8.
Journal code: 2985116R. ISSN: 0022-1732.
CY Czechoslovakia
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 197103
ED Entered STN: 19900101
Last Updated on STN: 19970203
Entered Medline: 19710304

L7 ANSWER 33 OF 34 MEDLINE
AN 71188160 MEDLINE
DN 71188160 PubMed ID: 5516219
TI [Comparative clinical characteristics of the cutaneous form of anthrax among adults and children vaccinated and unvaccinated with **STI** vaccine].
Sravnitel'naia klinicheskaia kharakteristika kozhnoi formy sibirskoi iazvy u privitykh i neprivitykh vaktsinoi **STI** vzroslykh i u detei.
AU Baigel'dieva A B
SO SOVETSKOE ZDRAVOOKHRANENIE KIRGIZII, (1970 Nov-Dec) 6 40-3.
Journal code: 0404527.
CY USSR
DT Journal; Article; (JOURNAL ARTICLE)
LA Russian
FS Priority Journals
EM 197107
ED Entered STN: 19900101
Last Updated on STN: 19970203
Entered Medline: 19710706

L7 ANSWER 34 OF 34 CA COPYRIGHT 2003 ACS
AB The bactericidal action of gaseous NO2 was tested for disinfecting dry-salted and sun-dried cow hides, goatskins, and sheepskins infected with anthrax spores. Five virulent strains of Bacillus anthracis and the vaccine strain **STI** were used to infect the hides. The NO2 concn. was 0.5 g./l. at atm. pressure and 20.degree.; the specimens were exposed 5, 10, 15, 20, 30, and 60 min. A 30-min. exposure to 0.5 g. NO2/l. at 20.degree. and atm. pressure was required for complete disinfection. Treatment of the hide with NO2 did not reduce the strength of the leather.
AN 64:85673 CA
OREF 64:16157b-c
TI Use of nitrogen dioxide for disinfecting hides and **skins**
AU Polyakov, A. A.; Trzhetsetskaya, T. A.; Arbuzov, K. N.; et al.
SO Tr. Uzbeksk. Nauchn.-Issled. Inst. Vet. (1964), 16, 124-30
From: Ref. Zh., Khim. 1965, Abstr. No. 21S809.
DT Journal
LA Russian